ANAPHYLAXIS

AIM
To ensure that plans are in place to effectively manage anaphylaxis. To ensure parents, staff and medical professionals know their responsibilities when children are diagnosed with anaphylaxis.

IMPLEMENTATION

Leadership will:
- Ensure staff anaphylaxis training is up to date and book training as needed.
- Conduct an audit every six months (overseen by the Director/Assistant Director) to ensure that medication for each child is labeled and in date and the medication authority is current.
- Oversee implementation of this policy.

The Centre Chef will:
- Keep records of all allergies and medical conditions in the kitchen.
- Ensure safe foods are provided for children with allergies and cross contamination is avoided.

Educators will:
- Undergo anaphylaxis training as part of their contract. Training is updated every three years.
- Conduct an environment review every day an anaphylactic child is present at care.
- Check the meals served to the child to ensure that it adheres to their needs. This is to ensure that the meal has been checked twice, once by the chef and once by the primary caregiver, to avoid potential food triggers being given to the child (see procedure regarding serving food to children with allergies).
- Remain with the child and supervise them at all times that food is present and until the food is cleared and meal area cleaned.
- Ensure medication is named, labeled and stored with a child’s anaphylaxis action plan and medication authority. It is the responsibility of staff to ensure they know which Epi-pen belongs to which child and that the medication is stored correctly. Medication should be stored in an Allergy Buddy pocket with a photo of the child and a permanent marker for writing expiry dates on Epi-pens.

Families will:
- Complete all forms required by the Centre with the assistance of a medical practitioner.
- Supply all medication required by the child with appropriate labels and forms as per Dealing with Medical Conditions User Guide.
- Notify staff if any new allergies or triggers are identified.

EVALUATION:
This will be seen to be effective when:
- Staff are aware of how to treat children with anaphylaxis and provide safe learning environments for children with anaphylaxis.
- Families are aware of their responsibilities.
- There is an effective system for storing and accessing medication.

National Quality Standards:
Element 2.1.1. Each child’s health needs are supported.

Implemented: January 2011 (as Health Management)
Reviewed: May 2017  Next Review: May 2018
Source: “Anaphylaxis in education and children’s services: Planning and support guide (2012).” CHESS.